

Special Education Manual



Tennessee Department of Education

INTRODUCTION

This purpose of this manual is to provide guidance in the implementation of special education programs as required by the Individuals with Disabilities Education Act (IDEA) and state special education laws. It is not intended to be all inclusive. It is designed to guide special education administrators, building level administrators, special educators, assessment personnel, and parents through the appropriate procedures for the identification and evaluation of students with disabilities and subsequent IEP development for students eligible to receive special education services.

The manual is organized into two sections. The first delineates the IEP process beginning with child find and referral, and discusses issues and procedures relevant to the provision of a free appropriate public education (FAPE). This section is designed so that it may be duplicated for building-level use throughout each school district. The second section is devoted entirely to assessment and contains chapters on eligibility requirements for each disability and guidelines for statewide assessments. It is designed so that relevant chapters may be duplicated for appropriate assessment personnel.

The Division of Special Education has designed model forms and other documentation for use by local education agencies, although these forms are not required. These documents may be found on the Division of Special Education's website (<http://www.tennessee.gov/education/speced/>). Additional information and assistance may be obtained by contacting the Regional Resource Centers and TN Early Intervention System (TEIS) Centers located in each region of the state or the Division office in Nashville.

Note: A listing of the State Regional Resource Centers and relevant support offices and organizations is located in the Appendices.

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Section One

Free Appropriate Public Education

Chapter 1

COMMUNITY AWARENESS

Introduction

Each local education agency (LEA) is responsible for identifying all of the children within its borders who have disabilities which impact learning. In order to accomplish this task, LEA staff, parents, other agencies and the general public need to know about the importance of early identification of children who have special needs.

While many children who have significant disabilities are identified by local treatment and health care agencies prior to school age, many children have disabilities which either are not as easy to identify or which manifest later in life. Research has demonstrated that early identification and intervention enable children to move beyond their present limitations and reach levels of success that would not occur without early services and supports.

It is critical that effective, ongoing child find activities be implemented at an early age so that all children who have disabilities which impact educational performance are found early, allowing meaningful interventions to begin. LEAs are encouraged to make public awareness and child find priority components of their standard operating procedures. Staff members are encouraged to remember:

- regular and periodic attempts to find the children who have special needs are critical components to improving overall effectiveness;
- highly mobile children (e.g., migrant and homeless children) who have disabilities can be easily missed unless the staff is sensitized to the possibility that these children may not have been present at the time that screenings occurred;
- children who are marginally advancing from grade to grade may have disabilities which have not been properly identified or appropriate, or scientifically research-based interventions have not been provided;
- public awareness and child find activities need to include strategies that can be understood by non-English speakers;
- some families live in isolated areas that may not have easy media access.

Collaborating With Others

The effectiveness of child find depends upon the involvement and cooperation of a multitude of partners: state and local agencies, parents, professional groups, and special interest groups. Each LEA's child find coordinator is encouraged to

establish ongoing contact with as many community resources that serve children with disabilities as possible. Doing so heightens awareness within all agencies of the services available, opens doors for partnering on child find initiatives, and helps the community determine and deal with gaps and overlaps in service.

Examples of agencies and programs which should be included are:

- The Tennessee Early Intervention System (TEIS),
- Early Head Start/Head Start,
- Infant Stimulation Programs,
- Department of Children's Services (DCS),
- Department of Human Services (DHS),
- County Public Health Departments,
- Department of Corrections (DOC),
- Child Care Centers, and
- Civic and Religious Organizations that serve children.

Public Awareness and Child Find Components

In order to achieve the overall goal of locating and effectively serving all of our state's children who have disabilities which impact learning, each LEA is encouraged to develop a comprehensive approach that encompasses the following three components:

Child find within each LEA -- Each LEA is encouraged to designate a child find coordinator whose duties include the development and implementation of effective, ongoing child find efforts within all of the schools operated by each district.

Interagency Cooperation -- Staff in other agencies which serve children often have opportunities to interact with children and their families and gain insights that may not occur within the local school setting. LEAs are encouraged to develop partnerships with all agencies in their geographic region which serve children.

Public Awareness -- Effective school screening programs and collaborative working relationships with other agencies serving children will result in many children who have special needs being identified; however, these efforts may still miss some children who are in need of services. Therefore, it is important that effective, ongoing efforts be made to inform the general public of the fact that LEAs need their help in locating all of the children who need special services.

Public Awareness Tools and Strategies

The following types of media may be effectively utilized in an awareness campaign:

- letters to parents
- radio and television “Public Service Announcements”
- newspaper “human interest” stories
- grocery sack stuffers
- stuffers for utility bills, bank statements, and cable television bills
- posters
- brochures
- internet web sites
- newsletters to school personnel and other agencies

The following activities may be helpful in implementing an awareness campaign:

- presentations at PTA/PTO and other group meetings
- press conferences
- presentations at professional, civic and community organizations
- contacts with churches and other religious centers
- contacts with physicians/health care providers
- contacts with child care providers

INTERVENTIONS PRIOR TO REFERRAL

LEAs must seek ways to meet the unique educational needs of all children within the general education program prior to referring a child to special education. By developing a systematic model within the general education and special education areas, LEAs can provide preventative, supplementary instruction and supports to students who are having trouble reaching benchmarks. Many LEAs have implemented the Response to Intervention (RTI) or Positive Behavior Intervention Support (PBIS) model to assist students who are having trouble academically or behaviorally.

The key components of the Response to Intervention (RTI) are:

1. School-wide universal screening:
 - a. Identifies children who are at risk for academic failure.
 - b. Results in outcomes that are positive (identifies needs without consuming vast amounts of resources).
 - c. Uses measures that allow for comparisons across students.
2. Tiered Interventions:
 - a. Tier 1: All students receive effective instruction in the general education classroom.
 - b. Tier 2: Those students whose progress is inadequate with Tier I instruction receive additional explicit academic interventions.
 - c. Tier 3: Intensive academic interventions for students who have made insufficient progress with both Tier I and Tier II interventions.
3. Progress monitoring:
 - a. Provides feedback about how the student is progressing towards demonstrating proficiency on grade level standards.

- b. Assists teachers in making educational decisions regarding needed adjustments to instruction and interventions.
- c. Predicts student outcomes on large scale summative assessments.

A Positive Behavior Intervention Support (PBIS) model is also three-tiered and can be used school-wide (primary), class-wide (secondary), or to support individual students in a more intensive manner (tertiary). PBIS uses research-based behavioral practices to improve behavioral outcomes, giving the teacher more time to teach. It ensures that all students have access to effective behavioral interventions through data-based decision making.

Both the Response to Intervention model and Positive Behavioral Interventions Support model are proactive and dynamic., helping schools avoid what critics have called the "wait-to-fail" approach (waiting until the child is far enough behind to qualify for special education services before interventions are initiated). With the RTI and PBIS models, children are provided intervention as soon as they begin exhibiting difficulties. To help in this process, many LEAs have established building level problem-solving teams that vary in name and composition from district to district. The purpose of the building level teams is to address the needs of students with academic or behavioral difficulties, and to ensure that students have access to the general education curriculum. Duties of the teams involve suggesting interventions, providing resources for general education teacher(s), data collection, and ensuring that interventions are implemented with fidelity.

Chapter 2

THE IEP PROCESS

Special education services are determined by the Individualized Education Program (IEP) Team which meets to develop a unique plan/document for each child. This chapter delineates the overall process by which special education services are designed for each eligible child.

IEP TEAM COMPOSITION

The composition of the IEP team is prescribed by the IDEA. The LEA is responsible for insuring that the IEP team for each child with a disability includes the following:

- (1) the parents of the child
- (2) not less than one regular education teacher of the child (if the child is, or may be, participating in the regular education environment);
- (3) not less than one special education teacher of the child, or when appropriate, not less than one special education provider of the child;
- (4) a representative of the public agency (LEA) who:
 - (i) is qualified to provide, or supervise the provision of, specially designed instruction to meet the unique needs of children with disabilities;
 - (ii) is knowledgeable about the general education curriculum; and
 - (iii) is knowledgeable about the availability of resources of the public agency (LEA).
- (5) An individual who can interpret the instructional implications of evaluation results;
- (6) At the discretion of the parent or the agency (LEA), other individuals who have knowledge or special expertise regarding the child, including related services personnel as appropriate; and
- (7) Whenever appropriate, the child with a disability.

PARENT / STUDENT INVOLVEMENT

The education of children with disabilities can be made more effective by ensuring that parents of children with disabilities have meaningful opportunities to participate in the education of their children at school and at home. There are many decisions to be made for each child with a disability, and most of the decisions lead to activities and actions that have far-reaching consequences.

Parents must be given the opportunity to participate in meetings with respect to the identification, evaluation, educational placement, and the provision of FAPE to their child. Not only is parental involvement a requirement of the law, it is best practice for the LEA. Parents may share their insights into their child's needs and learning styles which can greatly assist in the development of meaningful

IEPs. Further, the likelihood of significant child progress is enhanced as home/school partnerships grow.

Parents and schools have the same goal – excellent education for all students. Parents of students with disabilities must be given regular progress reports. By staying informed on their child’s progress on IEP goals and objectives, parents are better equipped to intervene and/or support that progress.

Parents should be given the opportunity and be encouraged to share with the school information concerning activities at home that could significantly affect the student’s progress.

When practical, students should be involved in the development of their IEPs. Schools are required to give students the opportunity to be a member of the IEP Team at the time that secondary transition services are initiated, at age 16, or younger if determined appropriate by the IEP Team. Capturing student interests and aspirations and developing a unified plan for working toward an achievable academic/vocational goal can dramatically improve the future for students who have special needs and can make school time more productive and enjoyable for everyone involved.

SEVEN ESSENTIAL STEPS IN THE IEP PROCESS

There are seven (7) essential steps in the IEP Process:

1. Referral
2. Pre-evaluation
3. Evaluation
4. Eligibility Determination
5. Development of IEP
6. Implementation of IEP
7. Annual Review

STEP 1: REFERRAL

Typically, referrals are made by teachers who recognize that a child is having difficulty and may need special services. However, with effective community awareness and child find activities, the number of referrals from sources outside the school will likely increase. Regardless of the source of the referral, each school should have a clearly understood, uniform procedure for processing referrals. LEAs are encouraged to establish referral procedures to ensure consistency throughout the district.

STEP 2: PRE-EVALUATION

Immediately after a referral is made, all available information relative to the suspected disability, including information from the parent and information about the interventions that have been attempted within the regular class, should be collected. Unless appropriate intervention strategies have been provided, the team (which includes the parents) may need to delay the process until appropriate interventions have been provided within the context of the general curriculum. All relevant information must be considered before determining whether additional data, such as medical information or evaluation results, are needed. This decision cannot be made by an individual teacher or administrator but must be made by a group of people. In cases where the referral has been made by the parent, the group's decision regarding evaluation must be documented in written notice to the parent, regardless of the decision. If the decision is to conduct an evaluation, the school district must obtain informed written consent from the parent before proceeding with the evaluation. If the team determines that an evaluation is not warranted, prior written notice must also be given to the parent. The notice must include the basis for the determination and an explanation of the process followed to reach the decision. If the LEA refuses to evaluate or if the parent refuses to give consent to evaluate, the opposing party may request a due process hearing.

STEP 3: EVALUATION

Referral information and appropriate involvement of the child's team lead to the identification of specific areas to be included in the evaluation. All areas of a suspected disability must be evaluated. The definitions and eligibility standards for each disability area are found in Section II of this manual. In addition to determining the existence of a disability, the evaluation should also focus on the identification of the child's special education and related service needs.

STEP 4: ELIGIBILITY DETERMINATION

The determination of eligibility for special education services is two-pronged. After the completion of the evaluation, the IEP team meets to determine whether the evaluation results indicate the existence of a disability **and** whether the child needs special education.

STEP 5: DEVELOPMENT OF THE IEP

The IEP should focus on educational needs that cannot be met in the general education program. Goals and objectives in the IEP are based on the strengths and needs of the child, concerns of the parent(s), and results of the initial or most recent evaluation of the child, as appropriate.

STEP 6: IEP IMPLEMENTATION

The LEA is responsible for obtaining informed written parental consent prior to implementation of the initial IEP placement. The written IEP reflects the beginning and end dates for the goals and objectives agreed upon by the IEP team.

STEP 7: ANNUAL REVIEW

The student's IEP team must review the IEP at least annually. Review of the child's IEP and the goals and objectives therein may be requested at any time by any member of the IEP team.

REEVALUATION

A reevaluation must be conducted at least every three years or earlier if conditions warrant. Reevaluations may be requested by any member of the IEP team prior to the triennial due date. Some of the reasons for requesting early reevaluations may include:

- concerns, such as lack of progress in the special education program,
- the acquisition by an IEP team member of new information or data, or
- review and discussion of the student's continuing need for special education (i.e., goals and objectives have been met and the IEP team is considering the student's exit from his/her special education program).

Depending on the child's needs and progress, reevaluation may not require the administration of tests or other formal measures. However, the IEP team must thoroughly review all relevant data when determining each child's evaluation needs.

EXIT FROM SPECIAL EDUCATION

A child's eligibility to receive special education and related services from a local school district is terminated by an IEP team evaluation finding that the child:

- no longer meets the Tennessee eligibility standards,
- no longer requires special education and related services;
- graduates with a high school diploma;
- reaches 22 years of age before the start of a school year; or
- parents request in writing that the child be removed from special education at which time the LEA must stop all special education and related services and return the child to general education.

DISPUTE RESOLUTION

Disputes that are resolved at the local level may preserve and even strengthen the relationship between the LEA and the parent. While the parent always has the right to request mediation or a due process hearing, and should always be informed of this right, many times issues can be resolved at a less intense level as system personnel and parents seek mutual understanding and agreement. The following four (4) step process may be used to resolve problems before they grow to the level where either mediation or a due process hearing is necessary:

1. Contact the teacher or principal at the child's school.
2. Hold an IEP team meeting to discuss concerns of the IEP team members.
3. If "Step Two" is unsuccessful, contact the special education office at the local board of education.
4. If "Step Three" does not resolve the matter, contact should be made with the Office of Legal Services, Tennessee Department of Education, Division of Special Education. Telephone (615) 741-0660. FAX (615) 253-5567.

PROCEDURAL SAFEGUARDS

Procedural safeguards are in place to ensure that the rights of children with disabilities and their parents are protected. Although the goal should always be to resolve disputes at the local level, sometimes situations require the assistance of persons not directly involved with the issues at hand. Parents who file an administrative complaint, request mediation, or request a due process hearing must submit their requests to the Tennessee Department of Education, Division of Special Education.

NOTICE OF MEETING vs. PRIOR WRITTEN NOTICE - Understanding the Difference

NOTICE OF MEETING

The IDEA requires that an LEA, when convening an IEP meeting, send the parents a notice of meeting that informs the parents who will be attending the meeting. This notice is sent before the meeting.

PRIOR WRITTEN NOTICE

Prior written notice is an important parent right that is also included in the IDEA. It is designed to give parents time to determine whether they are satisfied with the action/s and/or change/s recommended by the IEP team. If the parents are not satisfied, they have the right to request a due process hearing. Prior written notice must be given to parents 10 school days prior to implementation of the proposed action/s recommended by the IEP team. Prior written notice is given to the parents after the IEP meeting has occurred, but before the implementation of the change/s that was/were recommended by the IEP team.

The following document is a sample form that LEAs may adopt and use to meet this requirement.

PRIOR WRITTEN NOTICE**SAMPLE FORM**

LEA: _____ Date: _____

To : (Parent)		From: (Name / Title)	
Parent Address:		School Name and Address:	
Child's Name:		Child's DOB:	

34 CFR §300.503(a) requires that the LEA give you a written notice (information received in writing), whenever the LEA: (1) Proposes to begin or change the identification, evaluation, or educational placement of your child or the provision of a free appropriate public education (FAPE) to your child; or (2) Refuses to begin or change the identification, evaluation, or educational placement of your child or the provision of FAPE to your child. The required content under 34 CFR §300.503(b) is listed below in this model form. The LEA must provide the notice in understandable language (34 CFR §300.503(c)).

As you are aware, an Individualized Education Program meeting was held on _____ that discussed your child's needs. The law requires that we advise you ten school days prior to the implementation of any proposed changes in your child's program so that you will have time to take action prior to the change being implemented.. This document is our LEA's effort to inform you of the actions proposed and give you information about resources that should be of help to you should you be dissatisfied with the recommendations that have been proposed. Taking this action is our attempt to acquaint you with the procedural safeguards that are designed for your protection under Part B of IDEA.

PRIOR WRITTEN NOTICE ITEM:	LOCAL EDUCATION AGENCY'S RESPONSE:
1. Description of the action that the LEA proposes or refuses to take:	
2. Explanation of why the LEA is proposing or refusing to take that action:	
3. Description of each evaluation procedure, assessment, record, or report the LEA used in deciding to propose or refuse the action:	
4. Description of any other choices that the IEP Team considered and the reasons why those choices were rejected:	
5. Description of other reasons why the LEA proposed or refused the action:	
6. Resources for the parents to contact for help in understanding Part B of the IDEA:	
7. If this notice is not an initial referral for evaluation, how the parent can obtain a copy of a description of the procedural safeguards:	

Chapter 3

PROGRAMS AND SERVICES

LEAs must make a free appropriate public education (FAPE) available to all children who are eligible for special education, beginning at age three. The responsibility for services continues as long as the student continues to be eligible for special education. Services set forth in a child's IEP must be provided at no cost to the parent.

ACCESS TO THE GENERAL CURRICULUM

Children with disabilities should have access to the general academic curriculum as well as a variety of educational programs and services provided for other students including, but not limited to:

- art,
- music,
- physical education,
- prevocational and career development, and
- vocational education.

Nonacademic services and extracurricular activities should be provided in a manner that affords children with disabilities an equal opportunity for participation. These services and activities may include:

- counseling services,
- athletics,
- transportation,
- health services,
- recreational activities, and
- special interest groups and clubs.

LRE: LEAST RESTRICTIVE ENVIRONMENT

The IDEA mandates that children with disabilities be served in the least restrictive environment to the maximum extent appropriate. All programs and services must be considered in terms of what is least restrictive for each student. The general education classroom should always be the first consideration. Children with disabilities should be educated in their zoned school, unless the requirements of the IEP cannot be implemented at the zoned school. Children should not be removed from their zoned school if needed services can be provided in that location. Any potentially harmful effect on the child or on the quality of services must be considered in location decisions.

CONTINUUM OF ALTERNATIVE SERVICES

Although the first consideration for services is the regular classroom environment, more restrictive placements may be necessary when needed services cannot be provided in the general education setting. The continuum of alternative services includes instruction in:

- general classes with supplemental aids and materials,
- general classes with supplemental services, such as resource or itinerant instruction,
- special classes,
- special schools,
- home,
- hospital, and
- residential facilities.

TRANSITION

“Transition” involves the steps that are taken to support the child’s purposeful and organized move from one (1) program to another.

Early Childhood Transition

Transition from Early Childhood Intervention (Part C) services is facilitated through a transition conference to assist families in moving from one system of services to another in a smooth and timely manner. The purpose of the transition conference is to:

- facilitate discussion among the family, current service providers and potential service providers regarding the child’s individual needs, both present and future;
- engage in planning, including identification and documentation, regarding specific actions that will be necessary to assist the child in accessing future services; and
- provide ample time to allow action plans to be completed, including the development of an IEP, when applicable, by the child’s third birthday.

Secondary Transition

For special education purposes, transition is the change from secondary education to post-secondary programs, work, and independent living. Transition services aid students in this process through a coordinated set of activities that are designed within a results-oriented process, which promotes movement from school to post-school activities including: measurable post-secondary goals in:

- postsecondary education/training,
- employment,
- independent or supported living,
- community involvement,
- based upon the individual student's strengths, preferences, and interests,
- includes instruction, related services, community experiences, employment and/or adult living objectives and, when appropriate, daily living skills; and
- objectives and functional vocational evaluation.

The IDEA requires that students be offered an opportunity to be a part of the IEP Team when secondary transition services are initiated, at age 16, or younger if determined appropriate by the IEP Team. It is critical to remember that unless the student's ideas and interests are captured and included, transition plans may not be as valued by the student.

ASSISTIVE TECHNOLOGY

Assistive technology (AT) is a component of the educational programs of students with disabilities.

Assistive Technology Devices are any items, equipment, products, or system, whether acquired commercially, teacher-made, modified, or customized, that are used to increase, maintain, or improve the functional capabilities of children with disabilities. For example, some students' ability to learn, compete, work, and interact with others may improve with the use of the following:

- adapted toys,
- switches,
- computers,
- amplification systems,
- wheelchairs,
- memory aids,
- magnifiers,
- augmentative communication devices, and
- other adapted devices.

Assistive Technology Services are services needed to support effective use of AT devices. AT services may include:

- training or technical assistance for the child and/or the child's family, and
- training or technical assistance for professionals, employers, or other individuals who are substantially involved in the major life functions of an individual with a disability.

Services also include selecting, designing, fitting, customizing, adapting, applying, retaining, repairing, or replacing assistive technology devices.

RELATED SERVICES

IEP teams may determine that services other than instruction are necessary to help students benefit from special education. The IEP team makes the determination of need for related services. In some cases, the IEP team may recommend an evaluation to determine the need for a specific related service. In all cases, related services should support the special education program outlined in the IEP with a clear correlation between the related services and IEP goals and objectives.

“Related Services” normally include transportation and such developmental, corrective, and other supportive services as required to assist a child eligible for special education to benefit from special education. Related services may be delivered in school, home, or community settings as determined appropriate by the IEP team. They may include the following:

- speech/language pathology and audiology services,
- psychological services,
- social skills development,
- behavior planning and implementation,
- physical and occupational therapy,
- recreation including therapeutic recreation,
- counseling services, including ***rehabilitation counseling,
- orientation and mobility services,
- medical services for diagnostic or evaluation purposes, and
- school nurse or school health services.

***Tennessee’s Division of Rehabilitation Services operates under an Order of Selection mandate. Because of this, it is possible that Tennessee students who have disabilities and who meet the eligibility standards to receive services from Vocational Rehabilitation may never receive services because other individuals whose disabilities are deemed more severe must be served first

EXTENDED SCHOOL YEAR (ESY)

What Extended School Year Services Are

Extended school year (ESY) refers to special education and/or related services provided beyond the normal school year of an LEA for the purpose of providing FAPE to a student with a disability. These services are distinct from enrichment programs, summer school programs, and compensatory services and are not simply an extension of time. These services, at no cost to the parent, will vary in type, intensity, location, inclusion of related services, and length of time,

depending on the individual needs of the student. The consideration of ESY services is a part of the IEP process. The IEP must address the provision of ESY services, if required, in order for the student to receive FAPE.

What Extended School Year Services Are Not

Because ESY services are uniquely designed to provide FAPE to students with disabilities, it is necessary to emphasize that these services are not:

- based on the category of student's disability - services must be based on the student's unique educational needs;
- mandated twelve-month services for all students with disabilities;
- a child care service;
- necessarily a continuation of the total IEP provided to a student with a disability during the regular school year;
- required to be provided all day, every day, or each day;
- an automatic program provision from year to year;
- summer school, compensatory services, or enrichment programs;
- required to be provided in a traditional classroom setting; and
- a service to be provided to maximize each student's potential.

Determining the Need for Extended School Year Services

The IEP team should consider the need for these services at least annually. The request to consider ESY services may be initiated by the parent, the student, the student's teacher(s), related service providers, or administrators. It is important that the decision regarding whether ESY services are provided not be delayed. The IEP Team should make the decision early enough to ensure that parents can meaningfully exercise their due process rights if they wish to challenge an ESY decision. The following factors may be considered:

- Degree of regression/ time of skill recoupment,
- Degree of disability,
- The child's rate of progress,
- Consideration of any behavioral/ physical problems which the child may possess,
- The availability of alternative resources for serving the child,
- The ability of the child to interact with children who are non-disabled,
- Areas in the child's program which require continuous attention.

TRANSPORTATION

It is the responsibility of the child's IEP Team to determine whether transportation as a related service is necessary in order for an eligible child to receive FAPE.

Children with disabilities should be transported with children without disabilities to the maximum extent appropriate. Adapted buses may or may not be part of an LEA's regular transportation fleet. If the child's IEP Team determines that the child requires supports in order to participate in the transportation system with children who do not have disabilities, it is the responsibility of the LEA to provide the necessary transportation or supports at no cost to the parents.

Absent extenuating circumstances, transportation time for students who are provided special transportation should not exceed the time for students who are provided regular transportation.

Personnel directly involved in the provision of special transportation must have training regarding the needs of students with disabilities. This safety requirement applies to both drivers and attendants on vehicles. LEAs may contract with other agencies for special transportation, provided that the contractor's drivers, attendants, and vehicles meet the State Board of Education requirements.

Some LEAs contract with a child's parents to transport their child. While this option is certainly a viable one when it is acceptable to all parties involved, parents should not assume that the LEA is obligated to use them as their child's transportation provider. Likewise, LEAs should not assume that parents must accept responsibility for being their child's transportation provider.

FACILITIES

Comparability is a major consideration in providing appropriate facilities for programs serving students with disabilities. All programs and services in an LEA must be accessible in at least one school serving each grade level. All facilities must have clearly visible parking and entrances for individuals with physical disabilities.

RESTRAINT AND ISOLATION

Children with disabilities cannot be physically restrained or physically isolated except in emergency situations or when the child's IEP specifically provides.

Restraint means limiting a student's freedom of movement by physical contact or holding.

Isolation, sometimes called seclusion, means confining a student alone in a room or space from which the student is physically prevented from leaving.

LEAs CANNOT:

- Restrain a child in any position that restricts breathing or is life-threatening,
- Use mechanical restraint to restrict freedom of movement,
- Use chemical restraint to restrict freedom of movement,
- Use Mace, pepper spray or any other noxious substance,
- Lock a child in a confined space without proper staff presence, lighting and ventilation,
- Restrain or isolate a child as punishment, coercion, convenience or retaliation.

LEAs MAY:

- Use restraint or isolation in emergency situations,
- Use restraint or isolation if written into a child's IEP.

LEAs MUST notify parent or guardian and call an IEP meeting:

- If restraint or isolation is used when not in the child's IEP,
- If restraint or isolation is used for a longer time than what the child's IEP provides.

The LEA MUST record the facts surrounding the use of isolation or restraint. If the parent or guardian asks for the record, the LEA MUST provide a copy.

SECTION TWO

ASSESSMENT

Chapter 4

MANDATED STATE ASSESSMENT

Research shows that high expectations for students result in higher achievement levels being attained. Tennessee has adopted a robust standard that requires that all students, including those who have disabilities, must be included in state, regional, and district large-scale assessments, with results from assessments reported and findings aggregated with the total school population.

The information which follows, provided by the Assessment, Evaluation, & Research Division of the Tennessee Department of Education, summarizes our State's mandated assessments and gives websites for gathering additional information.

Mandated State Assessments

For general assessment information, see the Assessment and Evaluation website <http://state.tn.us/education/assessment/index.shtml>

The Tennessee Comprehensive Assessment Program (TCAP) consists of the following tests:

*Achievement Grades 3-8

<http://state.tn.us/education/assessment/achievement.shtml>

Students in Grades 3-8 take the Tennessee Comprehensive Assessment Program (TCAP) Achievement Test each spring. The Achievement Test is a timed, multiple choice assessment that measures skills in Reading, Language Arts, Mathematics, Science and Social Studies. Student results are reported to parents, teachers and administrators.

In addition, some schools choose to administer the Achievement Test to students in Kindergarten and Grades 1 and 2. The 'K-2 Achievement' link below provides more information.

http://state.tn.us/education/assessment/ach_k2.shtml

The State is an English only State; all assessments are provided in English only. We do not offer any of our assessments in a Native Language format.

*Writing Grades 5, 8, and 11

<http://www.tennessee.gov/education/assessment/tswritinghome.shtml>



The Tennessee Comprehensive Assessment Program (TCAP) Writing Assessment requires students to write a rough draft essay in response to an assigned prompt (topic) within a limited time period. Fifth-grade students are asked to write a narrative essay (a story), eighth-grade students an expository essay (an explanation), and eleventh-grade students a persuasive essay (an argument). The writing samples are scored holistically.

*TCAP Secondary Assessments

<http://state.tn.us/education/assessment/secondary.shtml>

In the new High School Transition Policy, the State Board stipulated that End-of-Course examinations will be given in English I, English II, English III, Algebra I, Geometry, Algebra II, U.S. History, Biology I, Chemistry and Physics. Further, the results of these examinations will be factored into the student's grade at a percentage determined by the State Board of Education in accordance with T.C.A. §49-1-302 (2).

If the student entered high school prior to the 2009-2010 school year and did not satisfy the Gateway requirement via the AYP/EOC exam, he or she should be provided a Gateway intervention and allowed to take the corresponding Gateway exam online during the next administration.

- ✓ The end-of-course test grade will count 20% of the second semester grade for the 2009/2010 and the 2010/2011 school years and 25% of the second semester grade in subsequent school years.
- ✓ For more information concerning the new High School Transition Policy, click on the link below.
- ✓ [NEW High School Transition Policy](#)  

*Alternate Assessment

http://state.tn.us/education/assessment/alt_TCAP.shtml

All students receiving special education services will participate in either the Tennessee Comprehensive Assessment Program (TCAP) Assessments or the Tennessee Comprehensive Assessment Program-Alternate Assessments (TCAP-Alt PA or TCAP-Alt MAAS). Annually, the IEP team must determine the appropriate assessment based on SDOE guidelines developed for this purpose. Therefore, the primary purpose of the alternate assessment is to ensure that students with disabilities who cannot participate in the regular statewide assessment, even with extensive accommodations and modifications, be provided the opportunity to participate in a challenging curriculum that will result in higher expectations. The alternate assessment also ensures that these students are included in the state's educational accountability system.

Note: Instructions for developing Tennessee's alternate portfolio assessment (TCAP-Alt PA) are located on the Special Education Assessment website at:

<http://state.tn.us/education/assessment/TCAP-AltPortfolio.shtml>

More information concerning Tennessee's modified assessment can be found:

http://state.tn.us/education/assessment/alt_MAAS.shtml

Chapter 5

EVALUATION AND ELIGIBILITY

The diversity of students suspected of needing special education challenges the expertise of special and general education teachers and administrators. Making professional decisions as to the identification of and programming for these students is often a difficult task. It is without question that the assessment process is paramount to the appropriate identification of students needing special education and to the appropriate programming for these students.

ASSESSMENT SPECIALISTS

Specific Eligibility Standards have been established for determining disability eligibility standards, evaluation procedures, and evaluation participants. The following is a list of assessment specialists who may be included in the assessment of children who are suspected of having a disability designated in Tennessee's Rules and Regulations. A brief description of these specialists is also included.

Audiologist – a person holding a Master's Degree (or equivalent) in audiology and having American Speech-Language and Hearing Association certification (CCC-A) who is responsible for identification, audiological evaluation, and management of hearing impaired persons.

Speech-Language Pathologist (SLP), Speech-Language Therapist, or Speech-Language Teacher (SLT) – a specialist who diagnoses and facilitates the educational process by providing specific services to students with oral facial anomalies, voice disorders, neurogenic disorders, neuromuscular disorders, phonological/articulation disorders, language disorders, and fluency disorders.

Reading Specialist – The reading specialist has specialized knowledge of assessment and diagnosis that is vital for developing, implementing, and evaluating the literacy program in general, and in designing instruction for individual students. He or she can assess the reading strengths and needs of students and provide that information to classroom teachers, parents, and specialized personnel such as psychologists, special educators, or speech teachers, in order to provide an effective reading program.

Low Vision Specialist – a state credentialed teacher with an endorsement in the instruction of students with Visual Impairments. This person is certified to conduct and/or interpret Functional Vision Assessments.

Orientation and Mobility Specialist – a person qualified to provide evaluation and teaching services to blind or visually impaired students to enable those students to attain systematic orientation to and safe movement within their environments in school, home, and community; and instruction to students in the following: (a) to use spatial and environmental concepts of information received by the senses (such as sound, temperature and vibrations) to establish, maintain, or regain orientation and line of travel (e.g., using sound at a traffic light to cross the street); (b) to use the long cane to supplement visual travel skills or as a tool for safely negotiating the environment for students with no available travel vision; and (c) to understand and use remaining vision and distance low vision aids; and other concepts, techniques, and tools."

Ophthalmologist – a medical doctor who specializes in the branch of medicine dealing with the structure, functions, and diseases of the eye and their correction.

Optometrist – in Tennessee, this licensed specialist can determine the degree of Visual Impairment, if any, and perform many of the same practices as an ophthalmologist, excluding surgery.

Occupational Therapist – a Tennessee Health Related Boards practitioner licensed to test and treat disabilities affecting perceptual, sensory, physiological, motor, or self-care ability.

Physical Therapist – a Tennessee Health Related Boards practitioner licensed to test and treat physical disabilities resulting from disease, injury, or developmental disabilities in areas that affect independence and functional mobility.

Psychologist – the licensed psychologist must hold a license issued by the appropriate licensing board in the state in which the child was determined disabled. In Tennessee, the licensing agency is The Tennessee Health Related Boards in Psychology. The licensed psychologist will hold the Psy.D, Ed.D, or Ph.D. degree. He or she must be competent to evaluate students for special education eligibility. The ability to administer tests does solely establish competence in evaluating exceptionalities or the potentially extensive needs of students.

Psychological Examiner – the licensed psychological examiner and licensed senior psychological examiner must also hold a license issued by the Tennessee Health Related Boards in Psychology. He or she will hold the M.A., M.S., M.Ed., Ed.S, Psy.D, Ed.D, or Ph.D. degree. The licensed senior psychological examiner must be competent to evaluate students in the suspected disability area. Prior to utilizing licensed personnel, it is important to consider the types of services to be delivered in relation to the person's training and experience.

School Psychologist – the school psychologist must be certified by the appropriate state agency in the state where a child was determined disabled. In Tennessee, the appropriate state agency for licensure and endorsement of the school psychologist is the State Department of Education. The licensed school psychologist must hold the M.A., M.S., M.Ed., Ed.S, Psy.D, Ed.D, or Ph.D. degree. She or he must be competent to evaluate students in the suspected disability area.

Graduate Student in Psychology – an exception to the three specialists identified above (Psychologist, Psychological Examiner, and School Psychologist) is services provided by a graduate student under the immediate supervision of one of these three specialists. This student must meet the following requirements:

1. The student must be working toward licensure with the State Department of Education in School Psychology or enrolled in an internship leading toward licensure as a Psychologist or Psychological Examiner.
2. The student must have completed all course work necessary to participate in an internship from his or her university's program.
3. Services provided must be part of a recognized field experience supervised by the Psychology Training Program in which the student is enrolled.
4. The student must be under the immediate supervision of a State Department of Education licensed school psychologist, a licensed psychologist, or a licensed psychological examiner. This supervision must have the approval of the psychology program of the university in which the student is enrolled.

In addition to the student requirements listed above, the Psychology Training Program in which the student is enrolled must provide the Department of Education with a list of its graduate students who are providing psychological services to a education agency. They must also provide documentation that the student meets the above requirements.

Psychiatrist – holds a license issued by the appropriate licensing board in the state in which the certification was approved. In Tennessee, the licensing agency is the Tennessee Board of Health Related Boards. The licensed psychiatrist holds a M.D. degree and has the ethical responsibility for determining

if his or her areas of expertise include the diagnosis and certification of the given exceptionality.

Neurologist –a Tennessee Health Related Boards practitioner licensed to test and treat disorders and diseases of the central nervous system.

REFERRAL, INITIAL EVALUATION, AND REEVALUATION

All procedures and requirements governing the referral, initial evaluation, and reevaluation of students with disabilities may be found on the Special Education website at <http://state.tn.us/education/speced/selegalservices.shtml> in the Rulemaking Hearing Rules of the State Board of Education, Chapter 0520-01-09 Special Education Programs and Services Rules.

DEFINITIONS

The following are definitions of the components of referral, evaluation, and determination of eligibility for special education as described in the above-referenced Rulemaking Hearing Rules of the State Board of Education:

"Evaluation" is the procedure used to determine whether a child has a disability and the nature and extent of the special education and related services that the child needs. The term refers to procedures used selectively with an individual child and does not include basic tests administered to or procedures used with all children in a school, grade, or class.

"Evaluation/Reevaluation Report" is a summary of evaluation/reevaluation results obtained in the process of collecting information to determine if the child is a child with a disability or continues to be a child with a disability. The report(s) will vary from student to student, depending upon the type of evaluation completed (i.e., psycho-educational evaluation, occupational or physical therapy evaluation, or speech-language evaluation, etc.). The evaluation/reevaluation report includes a summary of assessments and interpretation of those assessments.

"Reevaluation" is a re-determination of a child's eligibility for special education and related services by an IEP team. Reevaluations occur at least once every three (3) years, or more frequently if conditions warrant or if requested by the child's parent or teacher.

DETERMINATION OF ELIGIBILITY

When the evaluation or reevaluation has been completed, the child's IEP team must determine if the child is eligible for special education. A copy of the evaluation/reevaluation report and determination of eligibility (Eligibility Report) is provided to the parent at the time of this meeting. An IEP is developed for a student when it is determined that the child has a disability, and has demonstrated the need for special education and related services. A student may be not eligible for special education services if it is found that the determinant factor for eligibility is either lack of instruction in reading or math, or limited English proficiency.

Other requirements for determining eligibility for special education include the following:

- The student's assessment should include information from a variety of sources, including aptitude and achievement tests, parent input, teacher recommendations, physical condition, social or cultural background, and adaptive behavior.
- Information obtained from these sources should be documented and carefully considered.
- Determination of eligibility is made by the IEP team upon review of all components of the assessment.

Chapter 6

DISABILITY STANDARDS

AUTISM

1. Definition

Autism means a developmental disability, which significantly affects verbal and nonverbal communication and social interaction, generally evident before age three (3) that adversely affects a child's educational performance. Other characteristics often associated with autism are engagement in repetitive activities and stereotyped movements, resistance to environmental change or change in daily routines, and unusual responses to sensory experience. The term does not apply if a child's educational performance is adversely affected primarily because the child has an Emotional Disturbance, as defined in this section.

The term of Autism also includes students who have been diagnosed with an Autism Spectrum Disorder such as Autism, Pervasive Developmental Disorder—Not Otherwise Specified (PDD-NOS) or Asperger's Syndrome when the child's educational performance is adversely affected. Additionally, it may also include a diagnosis of a Pervasive Developmental Disorder such as Rett's or Childhood Disintegrative Disorder. Autism may exist concurrently with other areas of disability.

After age three (3), a child could be diagnosed as having Autism if the child manifests the above characteristics. Children with Autism demonstrate the following characteristics prior to age 3:

- (1) difficulty relating to others or interacting in a socially appropriate manner;
- (2) absence, disorder, or delay in verbal and/or nonverbal communication; and
- (3) one or more of the following:
 - (a) insistence on sameness as evidenced by restricted play patterns, repetitive body movements, persistent or unusual preoccupations, and/or resistance to change;
 - (b) unusual or inconsistent responses to sensory stimuli.

2. Evaluation

The characteristics identified in the Autism Definition are present.

Evaluation Procedures

Evaluation of Autism shall include the following:

- (1) parental interviews including developmental history;

- (2) behavioral observations in two or more settings (can be two settings within the school);
- (3) physical and neurological information from a licensed physician, pediatrician or neurologist who can provide general health history to evaluate the possibility of other impacting health conditions;
- (4) evaluation of speech/language/communication skills, cognitive/developmental skills, adaptive behavior skills and social skills; and
- (5) documentation, including observation and/or assessment, of how Autism Spectrum Disorder adversely impacts the child's educational performance in his/her learning environment.

Evaluation Participants

Information shall be gathered from the following persons in the evaluation of Autism Spectrum Disorders:

- (1) the parent;
- (2) the child's general education classroom teacher (with a child of less than school age, an individual qualified to teach a child of his/her age);
- (3) a licensed special education teacher;
- (4) a licensed school psychologist, licensed psychologist, licensed psychological examiner (under the direct supervision of a licensed psychologist), licensed senior psychological examiner, or licensed psychiatrist;
- (5) a licensed physician, neurologist, pediatrician or primary health care provider; and
- (6) a certified speech/language teacher or specialist; and
- (7) other professional personnel as needed, such as an occupational therapist, physical therapist or guidance counselor.

DEAF-BLINDNESS

1. Definition

Deaf-Blindness means concomitant hearing and visual impairments, the combination of which causes such severe communication and other developmental and educational needs that they cannot be accommodated in special education programs by addressing any one of the impairments. A child with deaf-blindness shall have at least one of the following:

- (1) a child who meets criteria for Deafness/Hearing Impairment and Visual Impairment;
- (2) a child who is diagnosed with a degenerative condition or syndrome which will lead to Deaf-Blindness, and whose present level of functioning is adversely affected by both hearing and vision deficits; or
- (3) a child with severe multiple disabilities due to generalized central nervous system dysfunction, and who exhibits auditory and visual impairments or deficits which are not perceptual in nature.

2. Evaluation

The characteristics identified in the Deaf-Blindness Definition are present.

Evaluation Procedures

- a. Evaluation of Deaf-Blindness shall include the required Evaluation Procedures for Hearing Impairment/Deafness and Visual Impairment and include the following:
 - (1) Deafness/Hearing Impairment Procedures
 - (a) audiological evaluation;
 - (b) evaluation of speech and language performance;
 - (c) school history and levels of learning or educational performance;
 - (d) observation of the child's auditory functioning and classroom performance; and
 - (e) documentation, including observation and or assessment, of how Deafness/Hearing Impairment adversely impacts the child's educational performance in his/her learning environment.
 - (2) Visual Impairment Procedures
 - (a) Eye exam and evaluation completed by an ophthalmologist or optometrist that documents the eye condition with the best possible correction and includes a description of etiology, diagnosis, and prognosis of the Visual Impairment evaluation;
 - (b) a written functional vision and media assessment, completed or compiled by a licensed teacher of students with visual impairments that includes:

- i. observation of visual behaviors at school, home, or other environments;
 - ii. educational implications of eye condition based upon information received from eye report;
 - iii. assessment and/or screening of expanded core curriculum skills (orientation and mobility, social interaction, visual efficiency, independent living, recreation and leisure, career education, assistive technology, and compensatory skills) as well as an evaluation of the child's reading and writing skills, needs, appropriate reading and writing media, and current and future needs for Braille; and
 - iv. school history and levels of educational performance.
- (c) documentation, including observation and/or assessment, of how Visual Impairment adversely affects educational performance in the classroom or learning environment.
- b. Evaluation of a child with a suspected degenerative condition or syndrome which will lead to Deaf-Blindness shall include a medical statement confirming the existence of such a condition or syndrome and its prognosis.
- c. Additional evaluation of Deaf-Blindness shall include the following:
 - (1) expanded core curriculum skills assessment that includes Deafness/Hearing Impairment;
 - (2) assessment of speech and language functioning including the child's mode of communication;
 - (3) assessment of developmental and academic functioning; and
 - (4) documentation, including observation and/or assessment, of how Deaf-Blindness adversely impacts the child's educational performance in his/her learning environment.

Evaluation Participants

Information shall be gathered from the following persons in the evaluation of Deaf-Blindness:

- (1) the parent;
- (2) the child's general education classroom teacher;
- (3) a licensed special education teacher;
- (4) a licensed physician or audiologist;
- (5) a licensed speech/language teacher or specialist;
- (6) an ophthalmologist or optometrist;
- (7) a licensed teacher of students with Visual Impairments; and
- (8) other professional personnel, as indicated (e.g., low vision specialist, orientation and mobility instructor, school psychologist).

DEAFNESS

1. Definition

Deafness means a hearing impairment that is so severe that the child is impaired in processing linguistic information through hearing, with or without amplification that adversely affects a child's educational performance. The child has:

- (1) an inability to communicate effectively due to Deafness; and/or
- (2) an inability to perform academically on a level commensurate with the expected level because of Deafness; and/or
- (3) delayed speech and/or language development due to Deafness.

2. Evaluation

The characteristics identified in the Deafness Definition are present.

Evaluation Procedures

Evaluation of Deafness shall include the following:

- (1) audiological evaluation;
- (2) evaluation of speech and language performance;
- (3) school history and levels of learning or educational performance;
- (4) observation of classroom performance; and
- (5) documentation, including observation and/or assessment, of how Deafness adversely impacts the child's educational performance in his/her learning environment.

Evaluation Participants

Information shall be gathered from the following persons in the evaluation of Deafness:

- (1) the parent;
- (2) the child's general education classroom teacher;
- (3) a licensed special education teacher;
- (4) a licensed physician or audiologist;
- (5) a licensed speech/language teacher or specialist; and
- (6) other professional personnel, as indicated.

DEVELOPMENTAL DELAY

1. Definition

Developmental Delay refers to children aged three (3) through nine (9) who are experiencing developmental delays, as measured by appropriate diagnostic instruments and procedures, in one or more of the following areas: physical, cognitive, communication, social or emotional, or adaptive development that adversely affects a child's educational performance. Other disability categories shall be used if they are more descriptive of a young child's strengths and needs. LEAs have the option of using Developmental Delay as a disability category. Initial eligibility as Developmental Delay shall be determined before the child's seventh birthday.

2. Evaluation

The characteristics identified in the Developmental Delay Definition are present.

Evaluation Procedures

Evaluation of Developmental Delay shall include the following:

- a. Evaluation through an appropriate multi-measure diagnostic procedure, administered by a multi-disciplinary assessment team in all of the following areas (not only areas of suspected delays):
 - (1) physical development, which includes fine and gross motor skills combined;
 - (2) cognitive development;
 - (3) communication development, which includes receptive and expressive language skills combined;
 - (4) social/emotional development; and
 - (5) adaptive development.
- b. Demonstration of significant delay in one or more of the above areas which is documented by:
 - (1) performance on a standardized developmental evaluation instrument which yields a 1.5 standard deviations below the mean; or when standard scores for the instrument used are not available, a 25% delay based on chronological age in two or more of the developmental areas; or
 - (2) performance on a standardized developmental evaluation instrument which yields 2.0 standard deviations below the mean; or when standard scores for the instrument used are not available, a 40% delay based on chronological age in one of the developmental areas; and
 - (3) when one area is determined to be deficit by 2.0 standard deviations or 40% of the child's chronological age, the existence of other disability

categories that are more descriptive of the child's learning style shall be ruled out.

- c. Evaluation by appropriate team member(s) of the following:
 - (1) documentation of identifiable atypical development;
 - (2) measurement of developmental skills using individually administered procedures;
 - (3) examination of developmental strengths and needs of the child gathered from observation(s);
 - (4) observation by a qualified professional in an environment natural for the child which may include the school, child-care agency, and/or home/community to document delayed or atypical development,
 - (5) interview with the parent to discuss and confirm the noted strengths and needs in the child's development;
 - (6) a review of any existing records or data, and
 - (7) documentation, including observation and/or assessment, of how Developmental Delay adversely impacts the child's educational performance in his/her learning environment.
- d. After the age of seven, when reevaluation for continued eligibility is determined appropriate by the IEP Team, the reevaluation shall include at a minimum a multi-measure diagnostic procedure which includes a comprehensive psycho-educational assessment that measures developmental skills, cognitive functioning, and/or additional areas as determined appropriate by the IEP Team.

Evaluation Participants

Information shall be gathered from the following persons in the evaluation of Developmental Delay:

- (1) the parent;
- (2) the child's general education classroom teacher (with a child of less than school age, an individual qualified to teach a child of his/her age),
- (3) a licensed early childhood special education teacher or special education teacher with pre-school experience and one or more of the following persons:
 - (a) a licensed school psychologist, licensed psychologist, licensed senior psychological examiner, or licensed psychological examiner;
 - (b) a licensed speech/language specialist;
 - (c) a licensed related services and medical specialists; and
 - (d) other personnel, as indicated.

EMOTIONAL DISTURBANCE

1. Definition

Emotional Disturbance means a disability exhibiting one or more of the following characteristics to a marked degree and over an extended period of time (during which time documentation of informal assessments and interventions are occurring) that adversely affects a child's educational performance:

1. inability to learn which cannot be explained by limited school experience, cultural differences, or intellectual, sensory, or health factors;
2. inability to build or maintain satisfactory interpersonal relationships with peers and school personnel;
3. inappropriate types of behavior or feelings when no major or unusual stressors are evident;
4. general pervasive mood of unhappiness or depression;
5. tendency to develop physical symptoms or fears associated with personal or school problems.

The term may include other mental health diagnoses. The term does not apply to children who are socially maladjusted, unless it is determined that they have an Emotional Disturbance. Social maladjustment includes, but is not limited to, substance abuse related behaviors, gang-related behaviors, oppositional defiant behaviors, and/or conduct behavior problems.

2. Evaluation

The characteristics identified in the Emotional Disturbance Definition are present.

Evaluation Procedures

Evaluation of Emotional Disturbance shall include a multifactored evaluation for initial placement that includes, but is not limited to, the following:

- (1) visual or auditory deficits ruled out as the primary cause of atypical behavior(s);
- (2) physical conditions ruled out as the primary cause of atypical behavior(s);
- (3) specific behavioral data which includes
 - (a) documentation of previous interventions, and
 - (b) evaluation of the locus of control of behavior to include internal and external factors;
- (4) direct and anecdotal observations over time and across various settings by three or more licensed professionals;

- (5) individual assessment of psycho-educational strengths and weaknesses, which include
 - (a) intelligence, behavior, and personality factors, and
 - (b) take into account any exceptionality of the individual in the choice of assessment procedures;
- (6) individual educational assessment (criterion- or norm-referenced) including direct measures of classroom performance to determine the student's strengths and weaknesses;
- (7) review of past educational performance;
- (8) comprehensive social history/assessment collected directly from the child's parent/guardian, custodial guardian, or if necessary, from an individual with intimate knowledge of the child's circumstances, history, or current behaviors which includes:
 - (a) family history,
 - (b) family-social interactions,
 - (c) developmental history,
 - (d) medical history (including mental health), and
 - (e) school history (including attendance and discipline records); and
- (9) documentation, including observation and/or assessment, of how Emotional Disturbance adversely impacts the child's educational performance in his/her learning environment.

Evaluation Participants

Information shall be gathered from the following persons in the evaluation of Emotional Disturbance:

- (1) the parent;
- (2) the child's general education classroom teacher(s);
- (3) a licensed special education teacher;
- (4) a licensed school psychologist, licensed psychologist, licensed psychological examiner (under the direct supervision of a licensed psychologist), licensed senior psychological examiner, or licensed psychiatrist; and
- (5) other professional personnel (i.e., mental health service providers, and school social workers), as indicated.

FUNCTIONAL DELAY

1. Definition

Functional Delay means a continuing significant disability in intellectual functioning and achievement which adversely affects the student's ability to progress in the general school program, but adaptive behavior in the home or community is not significantly impaired and is at or near a level appropriate to the student's chronological age, including:

- a. significantly impaired intellectual functioning which is two or more standard deviations below the mean, and difficulties in these areas cannot be the primary reason for significantly impaired scores on measures of intellectual functioning:
 - (1) limited English proficiency;
 - (2) cultural factors;
 - (3) medical conditions that impact school performance;
 - (4) environmental factors;
 - (5) communication, sensory or motor disabilities.
- b. deficient academic achievement which is at or below the fourth percentile in two or more total or composite scores in the following areas:
 - (1) basic reading skills;
 - (2) reading fluency skills;
 - (3) reading comprehension;
 - (4) mathematics calculation;
 - (5) mathematics problem solving;
 - (6) written expression.
- c. home or school adaptive behavior scores that fall above the level required for meeting Intellectual Disability eligibility standards.

2. Evaluation

The characteristics identified in the Functional Delay Definition are present.

Evaluation Procedures

Evaluation of Functional Delay shall include the following:

- a. Intelligence evaluation with an individual, standardized test of cognition or intellectual ability which takes into consideration the following:
 - (1) selection of test instrument(s) that are sensitive to cultural, linguistic or sensory factors;
 - (2) interpretation of test scores which take into account:
 - (a) the standard error of measurement for the test at the 68th percent confidence level, and

- (b) factors that may affect test performance; including:
 - i. limited English proficiency;
 - ii. cultural factors;
 - iii. medical conditions that impact school performance;
 - iv. environmental factors;
 - v. communication, sensory or motor disabilities; and
- (c) determination that test performance due to these factors is not the primary reason for significantly impaired scores on measures of intellectual functioning.
- b. Achievement evaluation with individual, standardized achievement test(s) in the areas of:
 - (1) basic reading skills,
 - (2) reading fluency skills,
 - (3) reading comprehension,
 - (4) mathematics calculation,
 - (5) mathematics problem solving, and
 - (6) written expression;
- c. Home or school adaptive behavior assessment which is evaluated by individual, standardized instruments and determined by scores as appropriate; and
- d. Documentation, including observation and/or assessment, of how Functional Delay adversely impacts the child's educational performance in his/her learning environment.

Evaluation Participants

Information shall be gathered from the following persons in the evaluation of Functional Delay:

- (1) the parent;
- (2) the child's general education classroom teacher;
- (3) a licensed special education teacher;
- (4) a licensed school psychologist, licensed psychologist, licensed senior psychological examiner, or licensed psychological examiner; and
- (5) other professional personnel, as indicated.

HEARING IMPAIRMENT

1. Definition

Hearing Impairment means an impairment in hearing, whether permanent or fluctuating, that adversely affects a child's educational performance but does not include Deafness.

A child shall have one or more of the following characteristics:

- (1) inability to communicate effectively due to a Hearing Impairment;
- (2) inability to perform academically on a level commensurate with the expected level because of a Hearing Impairment;
- (3) delayed speech and/or language development due to a Hearing Impairment.

2. Evaluation

The characteristics identified in the Hearing Impairment Definition are present.

Evaluation Procedures

Evaluation of Hearing Impairment shall include the following:

- (1) audiological evaluation;
- (2) evaluation of speech and language performance;
- (3) school history and levels of learning or educational performance;
- (4) observation of classroom performance; and
- (5) documentation, including observation and/or assessment, of how Hearing Impairment adversely impacts the child's educational performance in his/her learning environment.

Evaluation Participants

Information shall be gathered from the following persons in the evaluation of Hearing Impairment:

- (1) the parent;
- (2) the child's general education classroom teacher (with a child of less than school age, an individual qualified to teach a child of his/her age);
- (3) a licensed special education teacher;
- (4) an audiologist or licensed physician;
- (5) a licensed speech/language teacher or specialist; and
- (6) other professional personnel, as indicated.

INTELLECTUAL DISABILITY

1. Definition

Intellectual Disability is characterized by significantly impaired intellectual functioning, existing concurrently with deficits in adaptive behavior and manifested during the developmental period that adversely affect a child's educational performance.

2. Evaluation

The characteristics as identified in the Intellectual Disability Definition are present.

Evaluation Procedures

Evaluation of Intellectual Disability shall include the following:

- a. Assessment of intelligence/cognitive abilities, adaptive behaviors at school and in the home, and developmental assessment as follows:
 - (1) intellectual functioning, determined by appropriate assessment of intelligence/cognitive abilities which results in significantly impaired intellectual functioning, which is two or more standard deviations below the mean, with consideration given to the standard error of measurement for the test at the 68th percent confidence level, on an individually administered, standardized measure of intelligence;
 - (2) significantly impaired adaptive behavior in the home or community determined by:
 - (a) a composite score on an individual standardized instrument to be completed with or by the child's principal caretaker which measures two standard deviations or more below the mean. Standard scores shall be used. A composite age equivalent score that represents a 50% delay based on chronological age can be used only if the instrument fails to provide a composite standard score, and
 - (b) additional documentation, when appropriate, which may be obtained from systematic documented observations, impressions, developmental history by an appropriate specialist in conjunction with the principal caretaker in the home, community, residential program or institutional setting; and
 - (3) significantly impaired adaptive behavior in the school, daycare center, residence, or program as determined by:
 - (a) systematic documented observations by an appropriate specialist, which compare the child with other children of his/her chronological age group. Observations shall address age-appropriate adaptive behaviors. Adaptive behaviors to be observed in each age range include:

- i. birth to 6 years – communication, self-care, social skills, and physical development;
 - ii. 6 to 13 years – communication, self-care, social skills, home living, community use, self-direction, health and safety, functional academics, and leisure;
 - iii. 14 to 21 years – communication, self-care, social skills, home-living, community use, self-direction, health and safety, functional academics, leisure, and work; and
- (b) when appropriate, an individual standardized instrument may be completed with the principal teacher of the child. A composite score on this instrument shall measure two standard deviations or more below the mean. Standard scores shall be used. A composite age equivalent score that represents a 50% delay based on chronological age can be used only if the instrument fails to provide a composite standard score; and
- (4) Assessments and interpretation of evaluation results in evaluation standards 2.a.(1), 2.a.(2), and 2.a.(3) shall take into account factors that may affect test performance, including:
 - (a) limited English proficiency;
 - (b) cultural factors;
 - (c) medical conditions that impact school performance;
 - (d) environmental factors;
 - (e) communication, sensory or motor disabilities; and
 - (f) difficulties in these areas cannot be the primary reason for significantly impaired scores on measures of intellectual functioning, home, and school adaptive behavior.
- a. Developmental history which indicates delays in cognitive/intellectual abilities (intellectual impairment) manifested during the developmental period (birth to 18) as documented in background information and history and a current demonstration of delays present in the child's' natural (home and school) environment.
- b. Documentation, including observation and/or assessment of how Intellectual Disability adversely impacts the child's educational performance in his/her learning environment.

Evaluation Participants

Information shall be gathered from the following persons in the evaluation of Intellectual Disability:

- (1) the parent;
- (2) the child's general education classroom teacher;
- (3) a licensed special education teacher;

- (4) a licensed school psychologist, licensed psychologist, licensed senior psychological examiner, or licensed psychological examiner; and
- (5) other professional personnel, as indicated.

INTELLECTUALLY GIFTED

1. Definition

“Intellectually Gifted” means a child whose intellectual abilities and potential for achievement are so outstanding the child’s educational performance is adversely affected. “Adverse affect” means the general curriculum alone is inadequate to appropriately meet the student’s educational needs.

2. Evaluation

The characteristics identified in the Intellectually Gifted Definition are present.

Evaluation Procedures

Evaluation of Intellectually Gifted shall include the following:

- a. Assessment through a multi-modal identification process, wherein no singular mechanism, criterion or cut-off score is used for determination of eligibility that includes evaluation and assessment of:
 - (1) educational performance
 - (2) creativity/characteristics of intellectual giftedness, and;
 - (3) cognition/intelligence;
- b. Individual evaluation procedures that include appropriate use of instruments sensitive to cultural, linguistic, and environmental factors or sensory impairments;
- c. Multiple criteria and multiple assessment measures in procedures followed for screening and comprehensive assessment that include:
 - (1) Systematic Child Find and Individual Screening:
 - (a) systematic child-find for students who are potentially gifted to include at least one grade level screening, and
 - (b) individual screening of these students in grades K-12 in the areas of:
 - i. educational performance, and
 - ii. creativity/characteristics of giftedness; and
 - (c) a team review of individual screening results to determine need for referral for comprehensive assessment;
 - (2) Comprehensive Assessment:
 - (a) individual evaluation of cognition or intellectual ability;
 - (b) individual evaluation of educational performance and creativity/characteristics of giftedness, the need for expanded assessment and evaluation in each of these areas to be based on results of Individual Screening; and regardless of specific criteria used to determine or identify the student with Intellectual Giftedness;

- (c) completion of assessment procedures in the three component areas (cognition, educational performance and creativity/ characteristics of giftedness) for program and services planning; and
- (d) documentation, including observation and/or assessment, of how Intellectual Giftedness adversely impacts the child's educational performance in his/her learning environment.

Evaluation Participants

- c. Information shall be gathered from the following persons in the evaluation of Intellectual Giftedness:
 - (1) the parent;
 - (2) the child's referring teacher, or a general classroom teacher qualified to teach a child of his/her age, who is familiar with the student (with a child of less than school age, an individual qualified to teach a child of his/her age, who is familiar with the child); and when appropriate, in collaboration with the ESL teacher, when the child is an English Language Learner;
 - (3) a licensed special education teacher and/or a licensed teacher who meets the employment standards in gifted education;
 - (4) a licensed school psychologist, licensed psychological examiner, licensed senior psychological examiner, or licensed psychologist;
 - (5) other professional personnel, as indicated.
- b. At least one of the evaluation participants [(2), (3), (4), or (5)] must be trained in the characteristics of gifted children.

MULTIPLE DISABILITIES

1. Definition

Multiple Disabilities means concomitant impairments (such as Intellectual Disability-Deafness, Intellectual Disability-Orthopedic Impairment), the combination of which causes such severe educational needs that they cannot be accommodated by addressing only one of the impairments. The term does not include Deaf-Blindness.

2. Evaluation

The characteristics as identified in the Multiple Disabilities Definition are present.

Evaluation Procedures

Evaluation of Multiple Disabilities shall include the following:

- a. Evaluation, following the procedures for each disability;
- b. Determination of eligibility based on the definition and standards for two or more disabilities;
- c. The nature of the combination of the student's disabilities require significant developmental and educational programming that cannot be accommodated with special education programs by addressing any one of the identified disabilities; and
- d. Documentation, including observation and/or assessment, of how Multiple Disabilities adversely impact the child's educational performance in his/her environment.

Evaluation Participants

Information shall be gathered from those persons designated for each disability included in the evaluation of Multiple Disabilities.

ORTHOPEDIC IMPAIRMENT

1. Definition

Orthopedic Impairment means a severe orthopedic impairment that adversely affects a child's educational performance. The term includes impairments caused by congenital anomaly (e.g. club foot, absence of some member), impairments caused by disease (e.g., poliomyelitis, bone tuberculosis), and impairments from other causes (e.g. cerebral palsy, amputations, and fractures or burns that cause contractures).

2. Evaluation

The characteristics as identified in the Orthopedic Impairment Definition are present.

Evaluation Procedures

Evaluation of Orthopedic Impairment shall include the following:

- (1) Medical evaluation of the child's Orthopedic Impairment by a licensed physician;
- (2) Social and physical adaptive behaviors (mobility and activities of daily living) which relate to Orthopedic Impairment; and
- (3) Documentation, including observation and/or assessment, of how Orthopedic Impairment adversely impacts the child's educational performance in his/her learning environment.

Evaluation Participants

Information shall be gathered from the following persons in the evaluation of Orthopedic Impairment:

- (1) the parent;
- (2) the child's general education classroom teacher(s);
- (3) a licensed special education teacher
- (4) a licensed physician; and
- (5) other professional personnel as indicated (i.e., Occupational Therapist, Physical Therapist, or Assistive Technology Specialist).

OTHER HEALTH IMPAIRMENT

1. Definition

Other Health Impairment means having limited strength, vitality or alertness, including a heightened alertness to environmental stimuli, that results in limited alertness with respect to the educational environment, that is due to chronic or acute health problems such as asthma, Attention Deficit Hyperactivity Disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, sickle cell anemia; and Tourette's Syndrome that adversely affects a child's educational performance.

A child is "Other Health Impaired" who has chronic or acute health problems that require specially designed instruction due to:

- (1) impaired organizational or work skills;
- (2) inability to manage or complete tasks;
- (3) excessive health related absenteeism; or
- (4) medications that affect cognitive functioning.

2. Evaluation

The characteristics as identified in the Other Health Impairment Definition are present.

Evaluation Procedures

Evaluation of Other Health Impairment shall include the following:

- a. The evaluation report used for initial eligibility shall be current within one year and include the following:
 - (1) an evaluation from a licensed health services provider* that includes:
 - (a) medical assessment and documentation of the student's health;
 - (b) any diagnoses and prognoses of the child's health impairments;
 - (c) information, as applicable, regarding medications; and
 - (d) special health care procedures, special diet and/or activity restrictions.

*TCA and the Board of Examiners in Psychology clearly give health services provider designated psychologists the legal and ethical authority to assess, diagnose, and treat ADHD. A psychological evaluation does not replace the need for a medical evaluation as described in (1) (a).
 - (2) a comprehensive psycho-educational assessment which includes measures that document the student's educational performance in the following areas:
 - (a) pre-academics or academic skills,
 - (b) adaptive behavior,

- (c) social/emotional development,
 - (d) motor skills,
 - (e) communication skills, and
 - (f) cognitive ability.
- b. documentation, including observation and/or assessment, of how Other Health Impairment adversely impacts the child's educational performance in his/her learning environment.

Evaluation Participants

Information shall be gathered from the following persons in the evaluation of Other Health Impairment:

- (1) the parent;
- (2) the child's general education classroom teacher;
- (3) a licensed special education teacher;
- (4) a licensed medical health services provider (such as licensed physician, physician's assistant or nurse practitioner);
- (5) a licensed school psychologist, licensed psychological examiner, licensed senior psychological examiner, or licensed psychologist; and
- (6) other professional personnel as indicated.

SPECIFIC LEARNING DISABILITIES

1. Definition

“Specific Learning Disability” The term Specific Learning Disability means a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which may manifest itself in the imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations, and that adversely affects a child’s educational performance. Such term includes conditions such as perceptual disabilities (e.g., visual processing), brain injury that is not caused by an external physical force, minimal brain dysfunction, dyslexia, and developmental aphasia. Specific Learning Disability does not include a learning problem that is primarily the result of Visual Impairment, Hearing Impairment, Orthopedic Impairment; Intellectual Disability; Emotional Disturbance; limited English proficiency; environmental or cultural disadvantage.

2. Evaluation

The characteristics as identified in the Specific Learning Disabilities Definition are present.

- a. Evaluation for Specific Learning Disabilities shall meet the following nine standards:
 - (1) evidence that underachievement in a child was not due to a lack of appropriate (the child’s State-approved grade level standards) scientifically-validated instruction (instruction that has been researched using rigorous, well-designed, objective, systematic, and peer-reviewed studies) in reading and math;
 - (2) evidence that prior to, or as a part of, the referral process, the child was provided appropriate instruction in general education settings;
 - (3) evidence that instruction was delivered by appropriately trained personnel;
 - (4) data-based documentation of repeated formal assessment of student progress during instruction (progress monitoring data) that has been collected and recorded frequently (a minimum of one data point per week in each area of academic concern);
 - (5) evidence that progress monitoring data was provided to the child’s parents at a minimum of once every four and one-half (4.5) weeks;
 - (6) evidence that, when provided scientifically-validated instruction and appropriate interventions and learning experiences, the child did not achieve at a proficiency level or rate consistent with State-approved grade level standards or with the child’s age, in one or more of the following areas;
 - (a) oral expression,

- (b) listening comprehension,
 - (c) written expression,
 - (d) basic reading skills,
 - (e) reading fluency skills,
 - (f) reading comprehension,
 - (g) mathematics calculation, and
 - (h) mathematics problem solving;
- (7) evidence that the child exhibits a pattern of strengths and weaknesses in performance, achievement, or both, relative to State-approved grade-level standards, the child's age, or intellectual development that is determined to be relevant to the identification of a Specific Learning Disability (as defined in the definition of Specific Learning Disabilities); and
- (8) evidence that the child's learning problems are not primarily due to Visual Impairment, Hearing Impairment, Orthopedic Impairment; Intellectual Disability; Emotional Disturbance; limited English proficiency; environmental or cultural factors; motivational factors; or situational trauma (i.e., temporary, sudden, or recent change in the child's life);
- b. A child whose characteristics meet the definition of a child having a Specific Learning Disability may be identified as a child eligible for Special Education services if:
- (1) all the requirements of standards 2.a.(1) – 2.a. (8) have been met;
 - (2) the evidence and documentation is evaluated and results verify that the characteristics exhibited by the child meet the definition of a Specific Learning Disability; and
 - (3) documentation, including observation and/or assessment, of how Specific Learning Disabilities adversely impacts the child's educational performance in his/her learning environment.

Evaluation Procedures

Evaluation and identification of students with Specific Learning Disabilities may be conducted using either a State-Approved Responsiveness to Intervention (RTI) Method of Identification or the State-Approved IQ/Achievement Discrepancy Method of Identification as described in Procedural Addenda A and B, respectively, of the Specific Learning Disabilities Standards.

Evaluation Participants

Information shall be gathered from the following persons in the evaluation of a Specific Learning Disability:

- (1) the parent;

- (2) the child's general education classroom teacher;
- (3) a licensed special education teacher; a licensed school psychologist, licensed psychological examiner, licensed senior psychological examiner, or licensed psychologist;
- (4) at least one person qualified to conduct an individual diagnostic evaluation {e.g., licensed special education teacher, licensed speech-language teacher/pathologist or licensed remedial reading teacher/specialist}; and
- (5) other professional personnel as indicated (e.g., Optometrist or Ophthalmologist).

PROCEDURAL ADDENDUM A
The Responsiveness to Intervention (RTI) Method of Identification

SPECIFIC LEARNING DISABILITIES

1. Definition

RTI is a set of systematic and data-based instructional processes for identifying, defining, and resolving students' academic and/or behavioral problems. RTI is a multi-tiered approach that provides services and interventions to struggling learners at increasing levels of intensity. The RTI approach must use a systematic process with a continuum of intervention options to determine if the child responds to scientific, research-based interventions.

2. Evaluation

- (1) A Response to Intervention Method of Identification may be used for the identification of students with Specific Learning Disabilities when the following requirements are met:
 - (a) districts and/or schools must receive state approval from the Tennessee Department of Education, Division of Special Education, Office of Assessment, 710 James Robertson Parkway, 7th Floor, Andrew Johnson Tower, Nashville, Tennessee, 37243 before using the RTI Method of Identification for Specific Learning Disabilities; and
 - (b) the submitted plan must include, at a minimum, completion of the Tennessee RTI Action Plan template at the Division of Special Education website on the Special Education Assessment page: <http://state.tn.us/education/speced/seassessment.shtml>.
 - (c) The Tennessee RTI Action Plan follows the standards of excellence presented in the IRIS Center for Training Enhancements, RTI Online Modules located at <http://iris.peabody.vanderbilt.edu/resources.html>, particularly [Module 4: RTI: Putting it all Together](#), and [Module 5: RTI: Considerations for School Leaders](#).
- (2) A State-approved RTI Method of Identification must include:
 - (a) high-quality instruction and positive behavioral supports provided by appropriately trained personnel;
 - (b) scientifically-validated interventions appropriate for suspected area of disability;
 - (c) frequent, ongoing progress monitoring to evaluate the effectiveness of the interventions and inform instruction that includes:

- i. data-based documentation to illustrate the student's response to the intervention(s);
 - ii. data-based documentation of intervention integrity, fidelity to design, and intensity; and
 - iii. periodic collaborative student support team review of student outcome data taking into account LEA-determined decision points.
- (d) documentation of parental input; and, as appropriate, the child's input; and
- (e) documentation that the child's learning problems are not primarily due to:
 - i. lack of appropriate instruction in reading and math;
 - ii. limited English proficiency;
 - iii. Visual Impairment;
 - iv. Hearing Impairment;
 - v. Orthopedic Impairment;
 - vi. Intellectual Disability;
 - vii. Emotional Disturbance;
 - viii. environmental or cultural factors;
 - ix. motivational factors; and
 - x. situational trauma.
- (3) Evaluation using a State-approved RTI Method of Identification must include:
 - (a) data demonstrating the student's non-responsiveness to scientifically-validated interventions supported by comprehensive, curriculum-based data;
 - (b) documentation that rules out other disabilities or factors including the administration of a linguistically and culturally-fair individual, standardized scale of intelligence (short-form measures of cognitive ability established by the State as valid and reliable may be used); and
 - (c) a comprehensive psycho-educational evaluation when the assessment results from the previous standards listed in (3)(a) and (3)(b) are inconclusive.

PROCEDURAL ADDENDUM B
The IQ/Achievement Discrepancy Method of Identification

SPECIFIC LEARNING DISABILITIES

1. Definition

The IQ/Achievement Discrepancy Method of Identification concludes there is a severe discrepancy between educational performance and predicted achievement that is based on the best measure of cognitive ability. A severe discrepancy between educational performance and predicted achievement that is based on the best measure of cognitive ability is defined by at least 1.5 Standard Deviations (considering Standard Error of the Estimate) when utilizing regression-based discrepancy analyses described in Tennessee's guidelines for evaluation of Specific Learning Disabilities in the SLD Assessment Resource Packet:

<http://www.state.tn.us/education/speced/seassessment/>.

2. Evaluation

- (1) The IQ/Achievement Discrepancy Method of Identification must include documentation that all the standards in the Specific Learning Disabilities Evaluation Section 2.a.(1) – 2.a.(8) and Evaluation Section 2.b.(1) through 2.b.(3) have been met.
- (2) Evaluation using the IQ/Achievement Discrepancy Method of Identification must also include:
 - (a) an individual standardized multi-factored assessment of cognitive ability;
 - (b) an individual standardized assessment of academic achievement;
 - (c) documentation of performance on all of the following:
 - i. group or individually administered achievement tests; and
 - ii. criterion-referenced assessments or curriculum/performance-based assessments;
 - (d) at least two documented observations of the child's educational performance in the general education classroom including:
 - i. an indirect observation by the child's general education classroom teacher, and
 - ii. a direct observation by a professional other than the person providing the indirect observation (observations shall address the child's academic behaviors, academic performance, and relevant work samples);
 - (e) documentation of parental input; and, as appropriate, the child's input; and

- (f) documentation that the child's learning problems are not primarily due to:
- i. lack of appropriate instruction in reading and math;
 - ii. limited English proficiency;
 - iii. Visual Impairment;
 - iv. Hearing Impairment;
 - v. Orthopedic Impairment;
 - vi. Intellectual Disability;
 - vii. Emotional Disturbance;
 - viii. environmental or cultural factors;
 - ix. motivational factors; and
 - x. situational trauma.

SPEECH OR LANGUAGE IMPAIRMENT

1. Definition

Speech or Language Impairment means a communication disorder, such as stuttering, impaired articulation, a language impairment, or voice impairment that adversely affects a child's educational performance.

Speech or Language Impairment include demonstration of impairments in the areas of language, articulation, voice, or fluency.

- (1) Language Impairment – A significant deficiency not consistent with the student's chronological age in one or more of the following areas:
 - (a) a deficiency in receptive language skills to gain information;
 - (b) a deficiency in expressive language skills to communicate information;
 - (c) a deficiency in processing (auditory perception) skills to organize information.
- (2) Articulation Impairment – A significant deficiency in ability to produce sounds in conversational speech not consistent with chronological age.
- (3) Voice Impairment – An excess or significant deficiency in pitch, intensity, or quality resulting from pathological conditions or inappropriate use of the vocal mechanism.
- (4) Fluency Impairment – Abnormal interruption in the flow of speech by repetitions or prolongations of a sound, syllable, or by avoidance and struggle behaviors.

Speech or Language deficiencies identified cannot be attributed to characteristics of second language acquisition and/or dialectic differences.

2. Evaluation

The characteristics as identified in the Speech or Language Definition are present.

Evaluation Procedures

Evaluation of Speech or Language Impairments shall include the following:

- a. Language Impairment – a significant deficiency in language shall be determined by:
 - (1) an analysis of receptive, expressive, and/or composite test scores that fall at least 1.5 standard deviations below the mean of the language assessment instruments administered; and
 - (2) a minimum of two measures shall be used, including criterion-referenced and/or norm-referenced instruments, functional communication analyses, and language samples. At least one

standardized comprehensive measure of language ability shall be included in the evaluation process.

Evaluation of language abilities shall include the following:

- (a) hearing screening;
- (b) receptive language: vocabulary, syntax, morphology;
- (c) expressive language: mean length of utterance, syntax, semantics, pragmatics, morphology; and
- (d) auditory perception: selective attention, discrimination, memory, sequencing, association, and integration.

- (3) documentation, including observation and/or assessment, of how Language Impairment adversely impacts his/her educational performance in his/her learning environment.

- b. Articulation Impairment – a significant deficiency in articulation shall be determined by one of the following:

- (1) articulation error(s) persisting one year beyond the highest age when 85% of students have acquired the sounds based upon current developmental norms;
- (2) evidence that the child's scores are at a moderate, severe, or profound rating on a measure of phonological processes; or
- (3) misarticulations that interfere with communication and attract adverse attention.

Evaluation of articulation abilities shall include the following:

- (a) appropriate formal/informal instrument(s);
- (b) stimulability probes;
- (c) oral peripheral examination; and
- (d) analysis of phoneme production in conversational speech.

- (4) documentation, including observation and/or assessment, of how Articulation Impairment adversely impacts his/her educational performance in his/her learning environment.

- c. Voice Impairment – evaluation of vocal characteristics shall include the following:

- (1) hearing screening;
- (2) examination by an otolaryngologist;
- (3) oral peripheral examination; and
- (4) documentation, including observation and/or assessment, of how Voice Impairment adversely impacts his/her educational performance in his/her learning environment.

- d. Fluency Impairment – evaluation of fluency shall include the following:

- (1) hearing screening;
- (2) information obtained from parents, students, and teacher(s) regarding non-fluent behaviors/attitudes across communication situations;

- (3) oral peripheral examination; and
- (4) documentation, including observation and/or assessment, of how Fluency Impairment adversely impacts his/her educational performance in his/her learning environment.

Evaluation Participants

Information shall be gathered from the following persons in the evaluation of a Speech or Language Impairment:

- (1) the parent;
- (2) the child's general education classroom teacher;
- (3) a licensed school speech-language pathologist, a licensed speech-language pathologist, a licensed speech-language therapist, and a speech-language teacher if working under the direction of a licensed school speech-language pathologist or licensed speech-language pathologist;
- (4) a licensed special education teacher, when appropriate;
- (5) a licensed otolaryngologist (for voice impairments only); and
- (6) other professional personnel, as indicated.

TRAUMATIC BRAIN INJURY

1. Definition

Traumatic Brain Injury means an acquired injury to the brain caused by an external physical force, resulting in total or partial functional disability or psychosocial impairment, or both, that adversely affects a child's educational performance. The term applies to open or closed head injuries resulting in impairments in one or more areas, such as cognition; language; memory; attention; reasoning; abstract thinking; judgment; problem-solving; sensory, perceptual, and motor abilities; psychosocial behavior; physical functions; information processing; and speech. The term does not apply to brain injuries that are congenital or degenerative, or to brain injuries induced by birth trauma.

Traumatic Brain Injury may include all of the following:

- (1) an insult to the brain caused by an external force that may produce a diminished or altered state of consciousness; and
- (2) the insult to the brain induces a partial or total functional disability and results in one or more of the following:
 - (a) Physical impairments such as, but not limited to:
 - i. speech, vision, hearing, and other sensory impairments,
 - ii. headaches,
 - iii. fatigue,
 - iv. lack of coordination,
 - v. spasticity of muscles,
 - vi. paralysis of one or both sides,
 - vii. seizure disorder.
 - (b) Cognitive impairments such as, but not limited to:
 - i. attention or concentration,
 - ii. ability to initiate, organize, or complete tasks,
 - iii. ability to sequence, generalize, or plan,
 - iv. flexibility in thinking, reasoning or problem solving,
 - v. abstract thinking,
 - vi. judgment or perception,
 - vii. long-term or short term memory, including confabulation,
 - viii. ability to acquire or retain new information,
 - ix. ability to process information/processing speed.
 - (c) Psychosocial impairments such as, but not limited to:
 - i. impaired ability to perceive, evaluate, or use social cues or context appropriately that affect peer or adult relationships,

- ii. impaired ability to cope with over-stimulation environments and low frustration tolerance,
- iii. mood swings or emotional lability,
- iv. impaired ability to establish or maintain self-esteem,
- v. lack of awareness of deficits affecting performance,
- vi. difficulties with emotional adjustment to injury (anxiety, depression, anger, withdrawal, egocentricity, or dependence),
- vii. impaired ability to demonstrate age-appropriate behavior,
- viii. difficulty in relating to others,
- ix. impaired self-control (verbal or physical aggression, impulsivity),
- x. inappropriate sexual behavior or disinhibition,
- xi. restlessness, limited motivation and initiation,
- xii. intensification of pre-existing maladaptive behaviors or disabilities.

The term does not apply to brain injuries that are congenital or degenerative, or to brain injuries induced by birth trauma.

2. Evaluation

The characteristics as identified in the Traumatic Brain Definition are present.

Evaluations Procedures

Evaluation of Traumatic Brain Injury shall include the following:

- (1) appropriate medical statement obtained from a licensed physician;
- (2) parent/caregiver interview;
- (3) educational history and current levels of educational performance;
- (4) functional assessment of cognitive/communicative abilities;
- (5) social adaptive behaviors which relate to Traumatic Brain Injury;
- (6) physical adaptive behaviors which relate to Traumatic Brain Injury; and
- (7) documentation, including observation and/or assessment of how Traumatic Brain Injury adversely impacts the child's educational performance in his/her learning environment.

Evaluation Participants

Information shall be gathered from the following persons in the evaluation of Traumatic Brain Injury:

- (1) the parent;
- (2) the child's general education teacher;
- (3) a licensed special education teacher;
- (4) a licensed physician; and

(5) other professional personnel, as indicated.

VISUAL IMPAIRMENT

1. Definition

Visual Impairment including blindness means impairment in vision that, even with correction, adversely affects a child's educational performance. The term includes both partial sight and blindness.

Visual Impairment includes at least one of the following:

- (1) visual acuity in the better eye or both eyes with best possible correction:
 - (a) legal blindness – 20/200 or less at distance and/or near;
 - (b) low vision – 20/50 or less at distance and/or near.
- (2) visual field restriction with both eyes:
 - (a) legal blindness – remaining visual field of 20 degrees or less;
 - (b) low vision – remaining visual field of 60 degrees or less;
 - (c) medical and educational documentation of progressive loss of vision, which may in the future affect the student's ability to learn visually.
- (3) other Visual Impairment, not perceptual in nature, resulting from a medically documented condition.

2. Evaluation

The characteristics as identified in the Visual Impairment Definition are present.

Evaluation Procedures

Evaluation of Visual Impairment shall include the following:

- (1) evaluation by an ophthalmologist or optometrist that documents the eye condition with the best possible correction;
- (2) a written functional vision and media assessment, completed or compiled by a licensed teacher of students with visual impairments that includes:
 - (a) observation of visual behaviors at school, home, or other environments;
 - (b) educational implications of eye condition based upon information received from eye report;
 - (c) assessment and/or screening of expanded core curriculum skills (orientation and mobility, social interaction, visual efficiency, independent living, recreation and leisure, career education, assistive technology, and compensatory skills) as well as an evaluation of the child's reading and writing skills, needs,

- appropriate reading and writing media, and current and future needs for braille;
- (d) school history and levels of educational performance; and
- (3) documentation, including observation and/or assessment, of how Visual Impairment adversely impacts the child's educational performance in his/her learning environment.

Evaluation Participants

Information shall be gathered from the following persons in the evaluation of Visual Impairment:

- (1) the parent;
- (2) the child's general education classroom teacher; and
- (3) a licensed teacher of students with Visual Impairments;
- (4) a licensed special education teacher;
- (5) an ophthalmologist or optometrist;
- (6) other professional personnel, as indicated (e.g., low vision specialist, orientation and mobility instructor, school psychologist).

APPENDICES

APPENDIX A

Resources

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Calvin Burden, Director
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REGIONAL RESOURCE CENTERS

East Tennessee Regional Resource Center

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Middle Tennessee Regional Resource Center

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West Tennessee Regional Resource Center

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Phone: (731) 421-5074

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STATE SPECIAL SCHOOLS

Tennessee School for the Deaf

Alan Mealka, Superintendent

amealka@tsd.k12tn.us

2763 Island Home Boulevard

Knoxville, Tennessee 37920

Phone: (865) 579-2441

Fax: (865) 579-2484

www.tsdeaf.org/

Tennessee School for the Blind

Jim Oldham, Superintendent

joldham@tsb.k12tn.us

115 Stewarts Ferry Pike

Nashville, Tennessee 37214

Phone: (615) 231-7300

Fax: (615) 871-9312

www.tnschoolfortheblind.org

West Tennessee School for the Deaf

Alan Mealka, Superintendent

amealka@tsd.k12tn.us

100 Berry Hill Drive

Jackson, Tennessee 38301

Phone: (731) 423-5705

Fax: (731) 423-6470

www.wtsd.tn.org

RELATED CONTACTS

The ARC of Tennessee

151 Athens Way
Nashville, TN 37228
Toll-Free Phone: 1-800-835-7077
Phone: (615) 248-5878
Fax: (615) 248-5879
www.thearctn.org

Disability Coalition on Education in Tennessee

www.dce-tn.org

Disability Law and Advocacy, Inc.

P.O. Box 121257
Nashville, TN 37212
Toll-Free Phone: 1-800-342-1660
Fax: (901) 458-7819
www.dlactn.org

Support and Training for Exceptional Parents (STEP)

712 Professional Plaza
Greeneville, TN 37745
Information@tnstep.org
www.tnstep.org
Toll-Free Phone: 1-800-280-STEP
Voice: (423) 639-0125
Fax: (423) 636-8217
Text: (423) 639-8802

Tennessee Council on Developmental Disabilities

Parkway Towers, Suite 130
404 James Robertson Parkway
Nashville, Tennessee 37243-0228
Telephone 615.532.6615
TTY 615.741.4562
Fax 615.532.6964
www.tennessee.gov/cdd

Tennessee Department of Children's Services

Phone: (615) 741-9192
www.tennessee.gov/youth

Tennessee Department of Human Services

Area office numbers and addresses available on web:

www.tennessee.gov/humanserv

Tennessee Department of Mental Health and Developmental Disabilities

www.tennessee.gov/mental/

5th Floor Cordell Hull Building

425 5th Avenue North

Nashville, TN 37243-0675

Phone: (615) 532-6500

Fax: (615) 532-6514

Tennessee Early Intervention System (TEIS)

Toll Free: 1-800-852-7157

Vocational Rehabilitation Services

www.tennessee.gov/humanserv/VRServices.html

Statewide Centers

Tri-State Resource & Advocacy Corporation

5800 Building, 5708 Upton Road, Suite 350

Chattanooga, TN 37411-5507

Jackson Center for Independent Living

231-D North Parkway

Jackson, TN 38305

Disability Resource Center

900 E. Hill, Suite 120

Knoxville, TN 37915

Center for Independent Living

480 Craighead Avenue, Suite 200

Nashville, TN 37204

Memphis Center for Independent Living

163 North Angelus Street

Memphis, TN 38104

Office of Special Education and Rehabilitative Services (OSERS)

U.S. Department of Education

400 Maryland Ave., S.W.

Washington, DC 20202-7100

Phone: (202) 245-7468

www2.ed.gov/about/offices/list/osers/index.html

APPENDIX B

Acronyms

AAID: American Association on Intellectual Disability
ADD: Attention Deficit Disorder
ARC: Association of Retarded Citizens
ASHA: American Speech-Language-Hearing Association
AT: Assistive Technology
B.A.: Bachelor of Arts
B.S.: Bachelor of Science
BICS: Basic Interpersonal Communicative Skills
BIP: Behavior Intervention Program
CALP: Cognitive Academic Language Proficiency
CCC-A: Certificate of Clinical Competence in Audiology
CFR: Code of Federal Regulations
COTA: Certified Occupational Therapist Assistant
CSS: Children Special Services
DCS: Department of Children's Services
DHS: Department of Human Services
DIDS: Division of Intellectual Disability Services
DOC: Department of Corrections
Ed.D: Doctorate in Education
Ed.S: Educational Specialist
EIA: Education Improvement Act
ELL: English Language Learner
EOC: End of Course
ESY: Extended School Year
FAPE: Free Appropriate Public Education
FBA: Functional Behavioral Assessment
FERPA: Family Education Rights and Privacy Act
HSSM: High School Subject Matter
IAEP: Interim Alternative Educational Placement
IDEA: Individuals with Disabilities Education Act
IEE: Independent Education Evaluation
IEP: Individual Education Plan
IQ: Intelligent Quotient
LEA: LEA
LRE: Least Restrictive Environment
M.A.: Master of Arts
M.Ed.: Master of Education
MHDD: Mental Health Developmental Disabilities
M.S.: Master of Science
M.D.: Medical Doctor (Physician)
NASP: National Association of School Psychologist
NCLB: No Child Left Behind

OCR: Office for Civil Rights
OSEP: Office of Special Education Programs
PDD-NOS: Pervasive Developmental Disorder-Not Otherwise Specified
Ph.D.: Doctorate in Philosophy
Psy.D: Doctorate in Psychology
PT: Physical Therapist
PTA: Physical Therapist Assistant
SDOE: State Department of Education
SEA: State Education Agency
SEe: Standard Error of the Estimate
SEM: Special Education Manual
SLD: Specific Learning Disability
SLP: Speech-Language Pathologist
SLT: Speech-Language Therapist or Speech-Language Teacher
TBI: Traumatic Brain Injury
TCA: Tennessee Code Annotated
TCAP: Tennessee Comprehensive Assessment Program
TCAP-Alt: Tennessee Comprehensive Assessment Program Alternate
TCF: EA: Tennessee Curriculum Frameworks: Extensions and Adaptations
TDOE: Tennessee Department of Education
TEIS: Tennessee Early Intervention System
TP&A: Tennessee Protection and Advocacy, Inc.
TSCF: Tennessee State Curriculum Frameworks

APPENDIX C

Assessment Guidelines for English Language Learners

The number of students who do not speak English as their primary language continues to increase within Tennessee's schools. The Individuals with Disabilities Education Act indicates that a child must not be determined to be a child with a disability when the determinant factor for that determination is limited English proficiency. Therefore, when school personnel and/or parents suspect that a student who is an English Language Learner MAY have a disability, the first factor that must be ruled out is whether the limited English proficiency is the primary cause for the student's difficulty in making progress within the general education curriculum. Once this is ruled out, a referral for an evaluation for special education may be initiated if deemed appropriate.

This section provides guidance for assessment personnel in the evaluation of English Language Learners.

CONSIDERATIONS PRIOR TO REFERRAL

1. The following questions should be documented when an ELL student is struggling in school:
 - a. Is there evidence that the student is currently receiving appropriate ESL services?
 - i. Have English language proficiency tests been administered and what are the results?
 - ii. Was the ESL instruction evidence based and how effective was the instruction?
 - b. Is there evidence that the general education curriculum is appropriate for English Language Learners?
 - i. Are appropriate accommodations and modifications within the general education classroom being provided that address the specific cultural/language needs of the ELL?
 - c. Is there evidence that the identified problem has been systematically addressed in the general education classroom?
 - i. Has the student made adequate progress through the interventions and accommodations that have been provided?
 - d. Is there evidence that the student's behavior is significantly different from grade level peers?
 - i. Student should be observed in multiple settings to compare his/her behavior to grade level peers.
 - ii. Have parents been interviewed in their native language to determine behaviors at home?

EVALUATION PROCEDURES

1. Developing Cultural Knowledge of the Student

Careful consideration of the student's background and cultural norms should be given prior to developing an assessment plan:

2. Determining the Language(s) to be Assessed

§300.304 (c) (ii) indicates that public agencies must ensure that evaluation procedures "are provided and administered in the child's native language...unless it is clearly not feasible to so provide or administer."

Therefore, when possible the student should be assessed in his/her native language. When the assessment specialist is unable to administer a test or other evaluation in the student's native language, education agencies may:

- Identify an individual in the surrounding area who is able to administer a test or other evaluation in the child's native language; and/or
- Contact neighboring school districts, local universities and professional organizations who may employ a person with appropriate language skills who is trained and certified to administer the evaluations
- Use school district teachers of foreign languages, general education teachers who are proficient users of the language the child uses, English Language Learners, teachers and paraprofessionals/aides who are proficient in the language in question to translate assessment questions while an assessment specialist is present.

English language proficiency tests to determine level of English proficiency are extremely important prior to determining which language to assess in. At times, it may be appropriate to test in English. For example, if the child's second language proficiency is actually greater than his/her native language proficiency, or if the child's native language and English language proficiencies are at similar levels; it would be appropriate to evaluate achievement skills in English if all of the child's school instruction has been in English.

3. Assessment Selection

Bias in assessment is impossible to eliminate, therefore norm-referenced assessments should always be supplemented with additional information.

Tests of achievement: Norm-referenced assessment should always be supplemented with performance-based assessment and historical data.

Performance-based assessment can include:

- Curriculum-based assessments that measure student's abilities against the curriculum.
- Portfolios and classroom products measure the student's achievement and abilities in different academic settings over time.
- Observations of how the student performs in the classroom.

Tests of cognitive abilities: Factors that should be considered in selecting a cognitive abilities instrument:

1. Non-verbal measures of intelligence are preferable.

2. Cognitive assessment results will often be depressed in one or more areas due to significant differences in the culturally accepted language patterns of the student's subculture and the test items used throughout the assessment battery. Therefore, full scale intelligence quotients may be inappropriate to report and should be interpreted with caution. It may be more appropriate to rely on individual cluster scores.

4. Modifications of Assessment Procedures

Changing the standards of test administration may be necessary for children from culturally and linguistically diverse backgrounds. Common test modifications include: restating or repeating directions, extending or eliminating time limits, allowing native language responses, providing extra practice items before the test, and substituting culturally relevant stimulus items. When tests are modified, modifications must be reported in the written report.

5. Interpretation of Assessment Results

The assessment specialist and the IEP team should be especially cautious in interpreting data obtained from assessments. Written reports should include: test modifications and any changes made to the standardization of test administration. To determine whether a student with limited proficiency in English has a disability, differentiating a language-based or communication-based disability from a cultural or language difference is crucial. In order to conclude that a student with limited English proficiency has a disability, the assessor must rule out the effects of different factors that may simulate language and/or academic disabilities. The written report should be able to document how the student's low performance in the general education classroom is unrelated to the student's language acquisition.

The assessment specialist and the IEP team members must understand the process of second language learning and the characteristics exhibited by ELL students at each stage of language development if they are to distinguish between language differences and disabilities. The combination of data obtained from the case history and interview information regarding the student's primary or home language, the development of English language and ELL instruction, language sampling and informal assessment as well as standardized language proficiency measures should enable the IEP team to make accurate diagnostic judgments. Only after documenting problematic behaviors in the primary or home language and in English, and eliminating extrinsic variables as causes of these problems, should the possibility of the presence of a disability be considered. Once these considerations have been addressed, the assessment specialist and the IEP team are in a position to determine whether a specific disability exists using the standards outlined in the *Tennessee Eligibility Standards*.



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